



170

101

AUTOMOBILE INSURANCE COMPANY

Premium Notice

102

Policy #: GB107-82  
Amount Due: \$176.00  
Due Date: 7/05/01

Coverage	Description	Amount
108 A	Bodily Injury - Liability	103 37.94
109 C	Medical Payments	104 8.33
110 D50	Comprehensive	105 43.52
111 G250	Collision	106 62.90
112 U	Uninsured Vehicle	107 23.31

Figure 1  
(Prior Art)

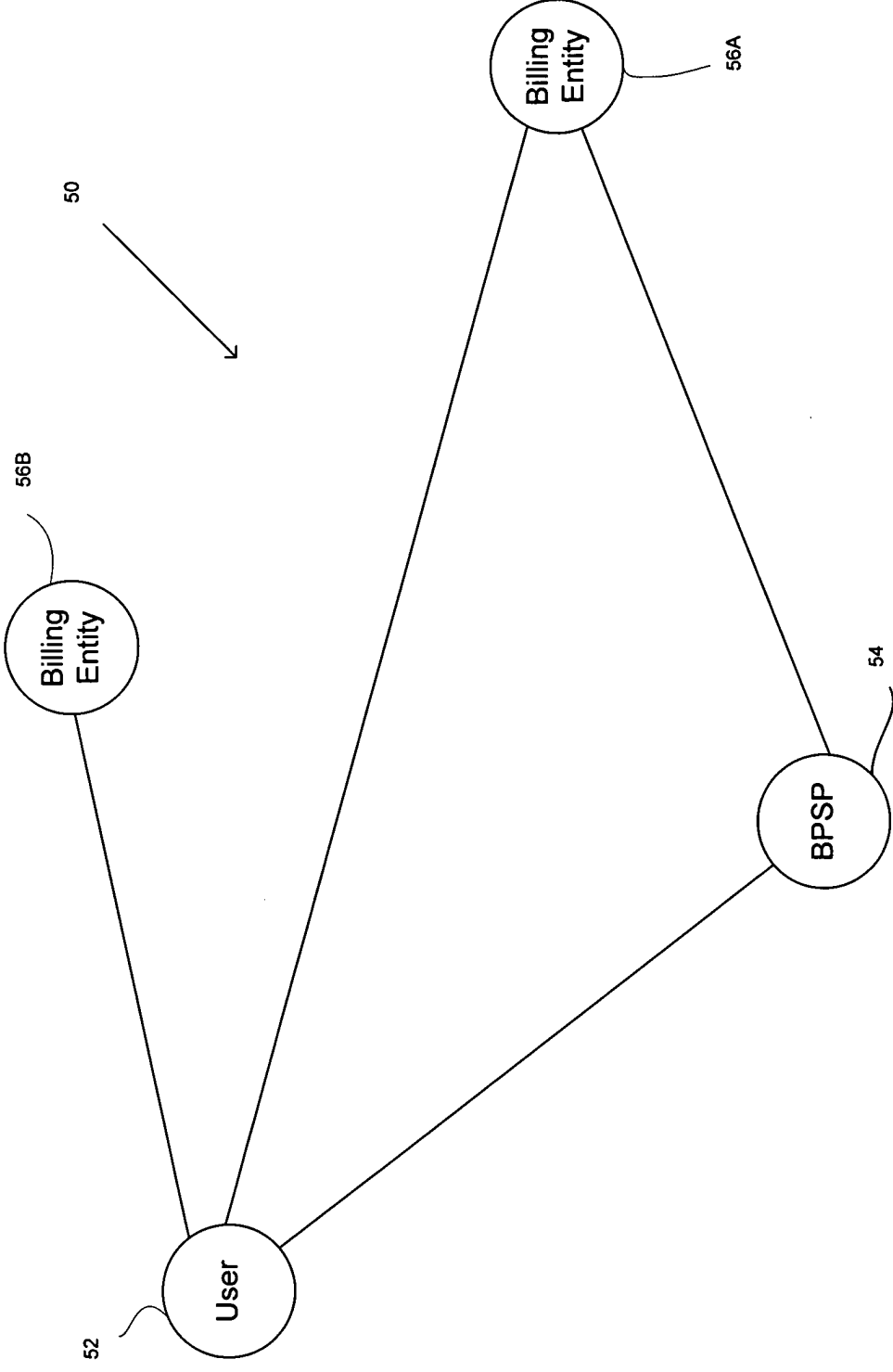


Figure 2

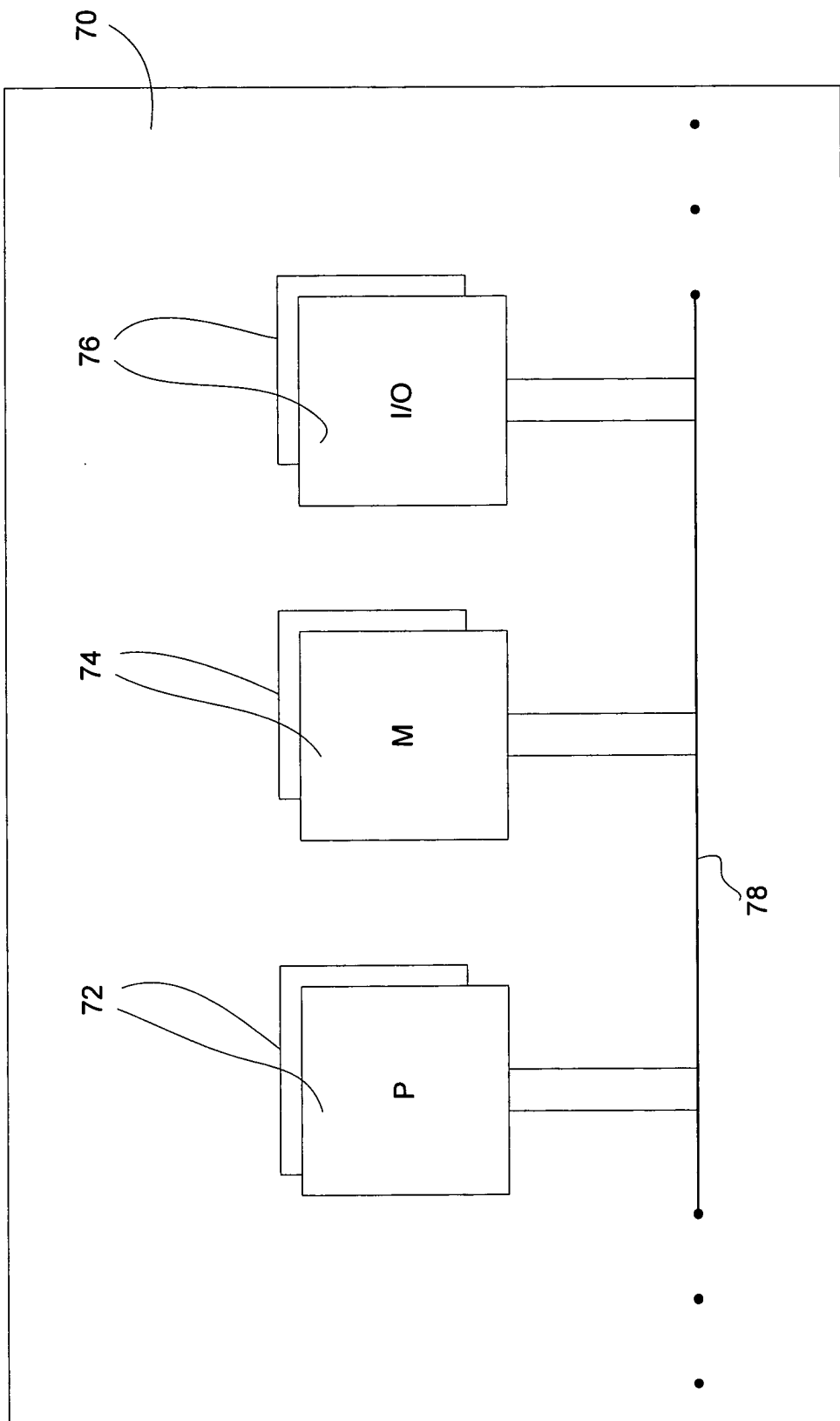


Figure 3

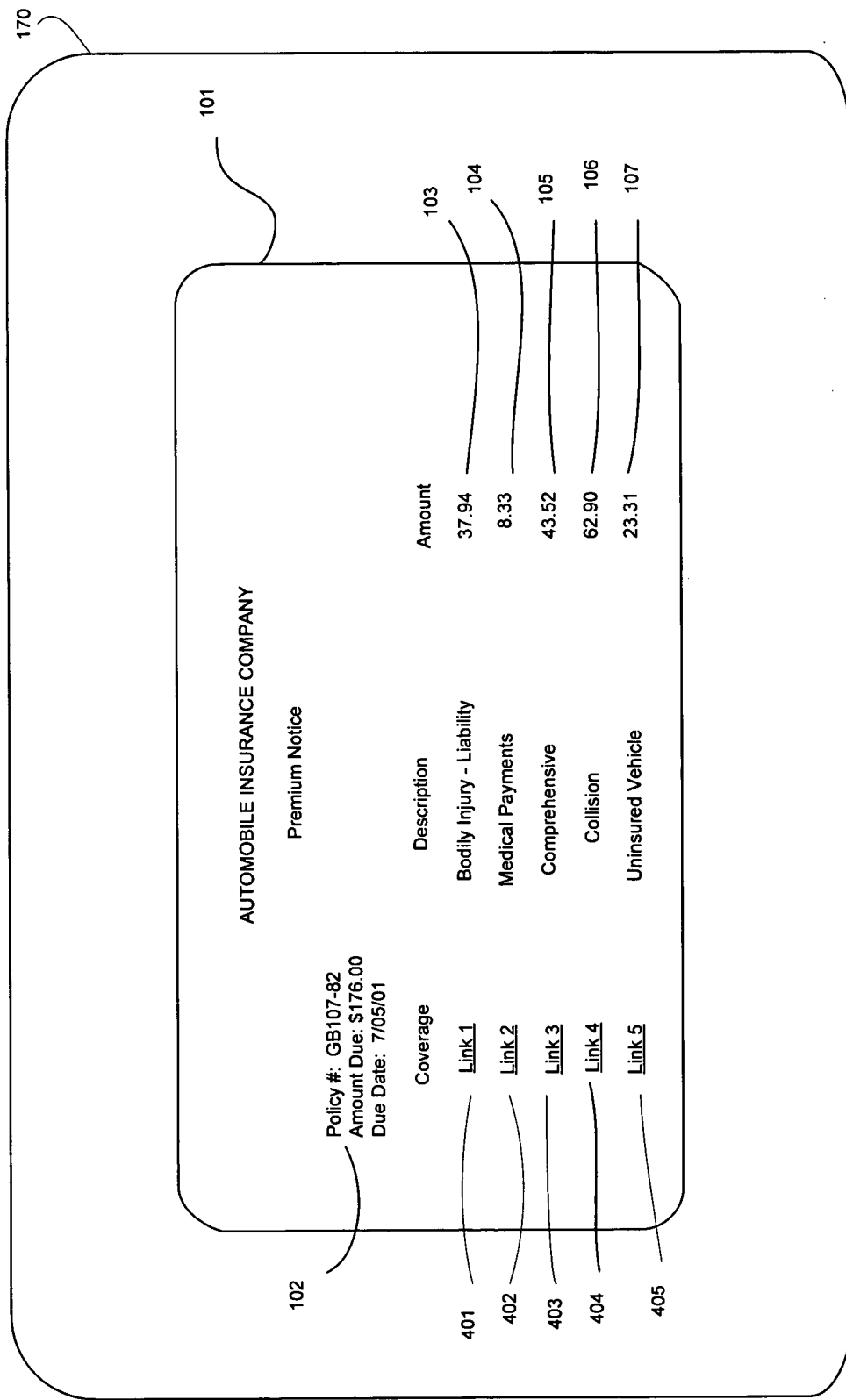


Figure 4A



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Infolink

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AUTOMOBILE INSURANCE COMPANY

Premium Notice

Policy #: GB107-82  
Amount Due: \$176.00  
Due Date: 7/05/01

Coverage	Description	Amount
A	Bodily Injury - Liability	37.94
C	Medical Payments	8.33
D50	Comprehensive	43.52
G250	Collision	62.90
U	Uninsured Vehicle	23.31

Figure 4B

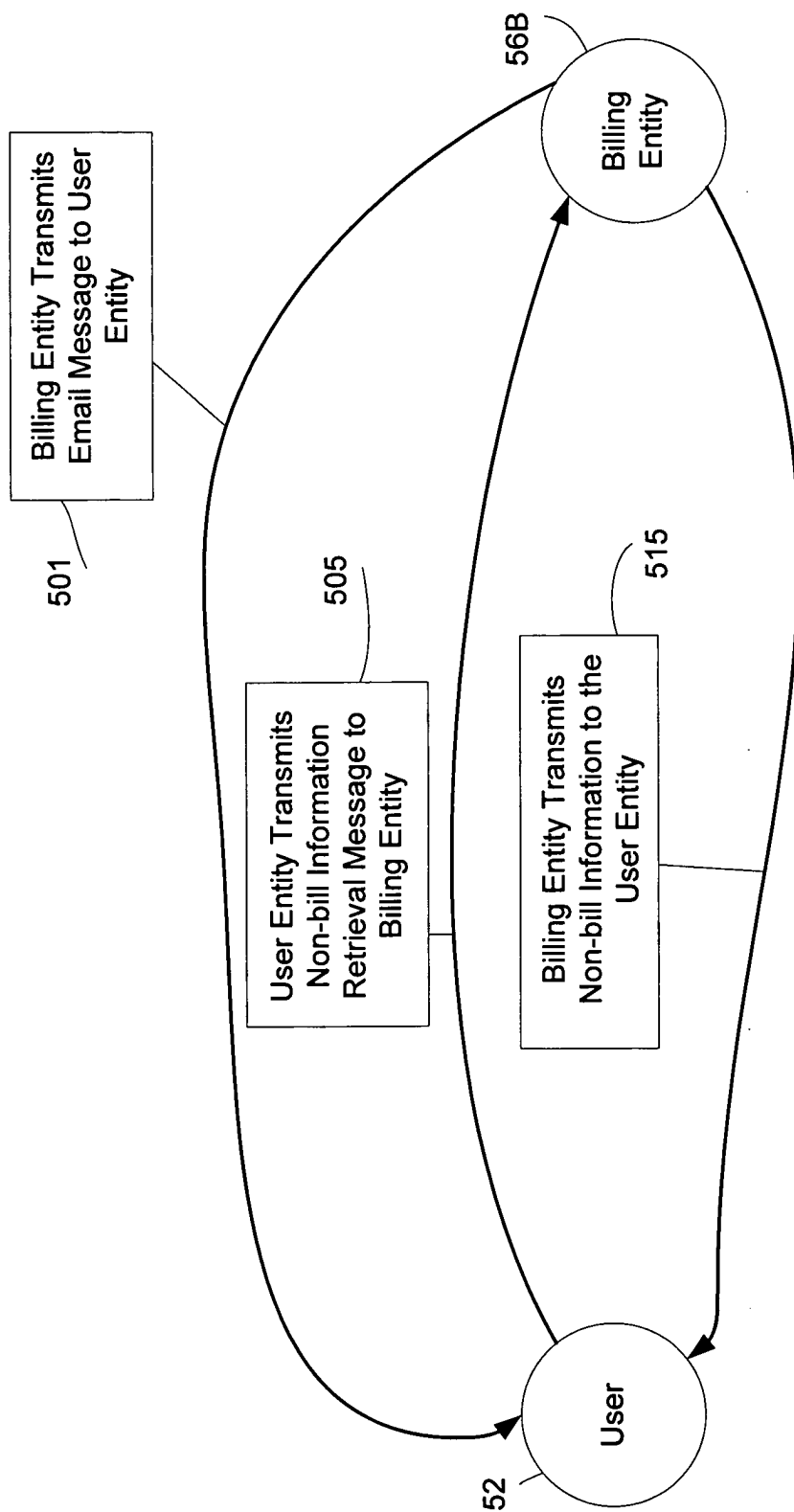


Figure 5



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### Collision Insurance

#### Limits of Policy:

Insurer hereby agrees to provide to insured.....

Figure 6

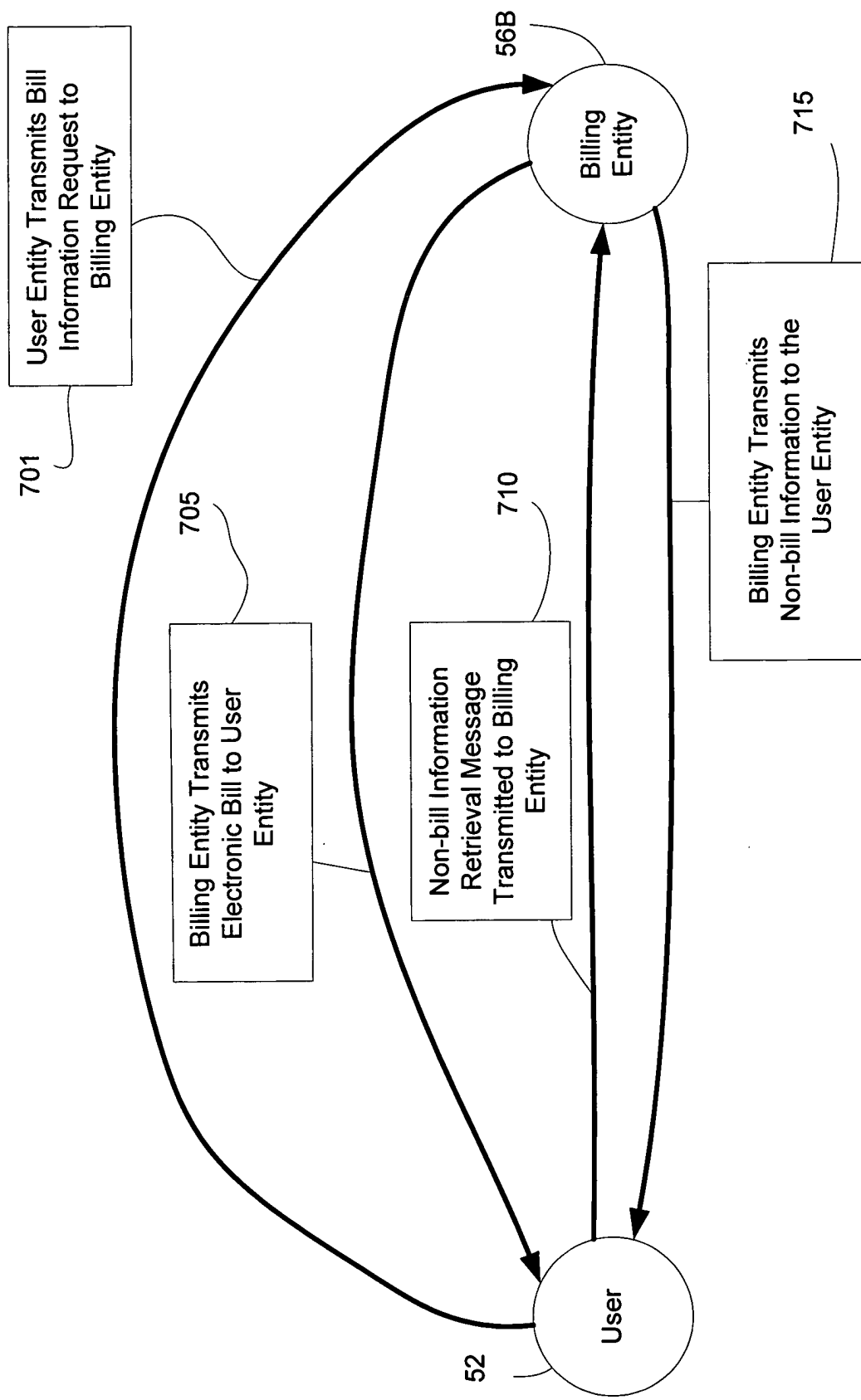


Figure 7



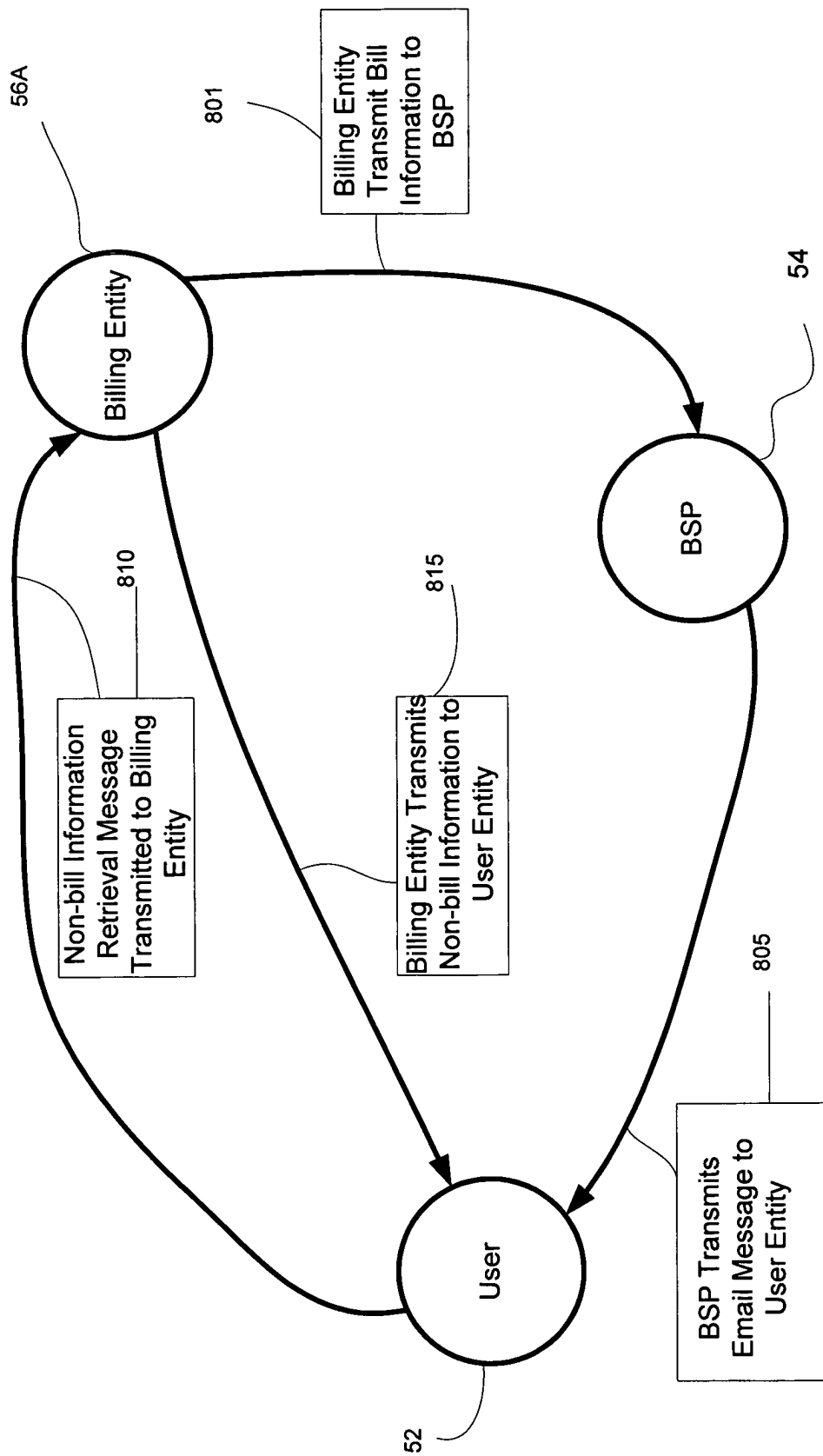


Figure 8

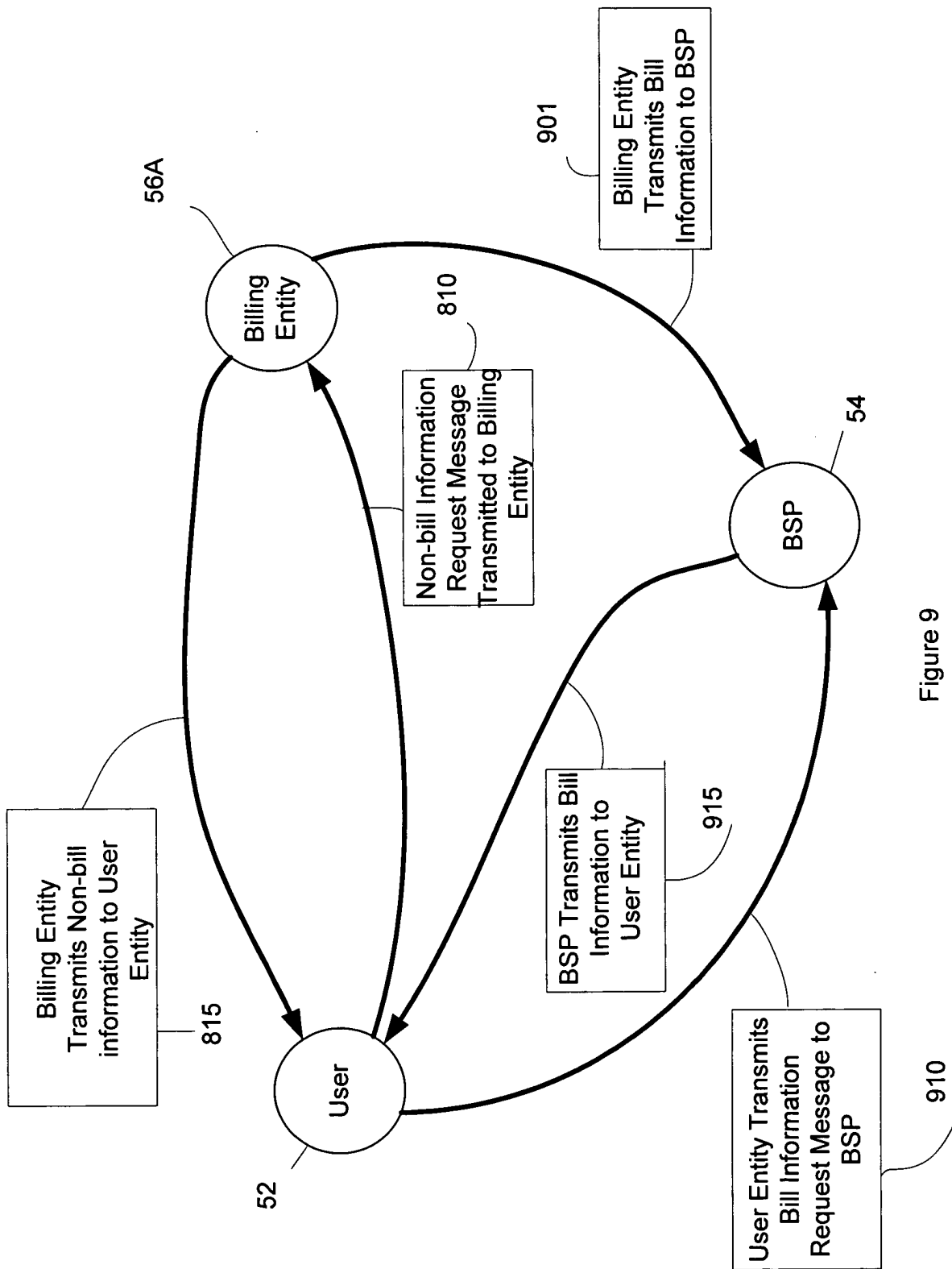


Figure 9